

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-523605

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4						
5						
6						
7						
8		1				
9			1			
10		1	1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18		1	1			
19			1			
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49						
50						
TOTAL IND.	1		5			
TOTAL DEP.	19	↔	5	↔		↔
TOTAL CLAIMS	20	↔	5	↔	↔	↔

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔